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United Nations Population Fund

Country programme document for Botswana

Proposed indicative UNFPA assistance:	$4.7 million: $1.5 million from regular resources and $3.2 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2017-2021)
Cycle of assistance:	Sixth
Category per decision 2013/31:	Pink

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.6	2.0	2.6
Outcome 2	Adolescents and youth	0.7	1.2	1.9
Programme coordination and assistance		0.2	-	0.2
Total		1.5	3.2	4.7

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I. Situation analysis

1. Botswana has a youthful population; 53 per cent of the population is aged under 25 years and 21 per cent are adolescents. The ongoing demographic transition has provided a window of opportunity for strategic investments to maximize the potential demographic dividend. The total fertility rate has decreased significantly (from 4.2 in 1991 to 2.7 by 2011), leading to a growing working-age population, while the dependency ratio has declined (from 110 in 1981 to 60.2 in 2011). The country is experiencing the middle-income paradox of high economic growth combined with pockets of poverty and high income inequality. Botswana suffers from severe prolonged drought, and women and girls are among the most vulnerable and the most affected by poverty and inequality (Gini coefficient of 0.61). Over one third (34 per cent) of young people aged 20-24 years and one fifth of the women are unemployed. Women, especially girls, are forced to find alternative ways to earn a living, making them susceptible to sexual abuse, gender-based violence, exploitation and unplanned pregnancies. Targeted investments are required to mitigate these challenges and to build the resilience of women and girls.

2. While the country's maternal mortality ratio has decreased (from 193 per 100,000 live births in 2008 to 152 per 100,000 live births in 2015), Botswana did not achieve Millennium Development Goal 5, and is ranked 40 out of 44 upper-middle-income countries. The maternal mortality is high despite 97 per cent of deliveries occurring in health facilities and 94.6 per cent attended by skilled health personnel. The deaths are concentrated in the high HIV prevalence group (aged 25-34 years), accounting for 56.5 per cent. Major causes of maternal deaths are obstetric haemorrhage, complications from abortion, pregnancy-induced hypertensive disorder, and complications from AIDS and sepsis, which together account for 83 per cent of deaths. These are acerbated by health care workers having limited competencies to manage obstetric complications, leading to missed diagnosis, mismanagement and poor monitoring, while maternal audits at facility and national level are conducted irregularly, due to inadequate accountability mechanisms.

3. With an 18 per cent HIV prevalence in the general population, Botswana is the third-most affected country in the world. HIV prevalence differs significantly among subpopulations, with key populations, especially women and young people, the most affected. In cities, at least 60 per cent of sex workers were HIV positive. Young women aged 15-24 years (11 per cent) are almost three times likely to be infected as their male peers (4 per cent). The drivers of new HIV infections among young people include: (a) decreasing and inconsistent condom use; (b) age-disparate sex; (c) transactional sex; (d) multiple and concurrent sexual partners; (e) limited access to sexual and reproductive health information and youth-friendly services; and (f) gender-based violence. Access to HIV treatment for the general population is high (87 per cent) and mother-to-child transmission has been reduced significantly (from over 30 per cent to 2.2 per cent). However, the high HIV incidence (1.3 per cent) threatens to undermine the sexual and reproductive health (SRH) of a large part of the population and the potential benefits of the demographic dividend. The policy environment needs to be strengthened to ensure all vulnerable groups can access SRH services, including provision of gender-responsive HIV-related services.

4. Nearly half (48 per cent) of young people have comprehensive knowledge of HIV, an increase from 42 per cent in 2009. Comprehensive sexuality education (CSE) is not integrated in primary and secondary school curricula, and cultural norms hinder open and honest discussion on sexuality issues. In 2014, the adolescent birth rate was estimated at 39 per cent. There is urgent need to develop a national strategy on the prevention of unintended pregnancy or managing pregnancies in schools to ensure retention of girls in school. While access to basic health services is high (97 per cent), coverage for adolescent and youth is low. Only 16 out of 335 public health facilities provide youth-friendly services. However, the quality of the service does not meet the World Health Organization global standards for youth-friendly health services. The facilities do not offer a comprehensive package of services; health care providers are not adequately trained; the opening hours of facilities are inconvenient for young people; and confidentiality is not always guaranteed.

5. The contraceptive prevalence rate among women aged 15-49 years has increased (from 44 per cent in 2000 to 53 per cent in 2007). Less than half (45 per cent) of girls aged 15-19 years know at least three methods of contraception. Unmet need for family planning has not been estimated; however, half of HIV-infected pregnant women report that the pregnancy was unintended, with 20.2 per cent seroconverting during pregnancy. Botswana is among the top 20 countries in the world with low method mix, with the male condom as a dominant method. Female condoms represented one per cent of the condoms distributed nationwide in 2012.

6. Gender-based violence, particularly among women and girls, remains high in the country, with negative impact on SRH and rights, including limiting the ability to access services, use contraceptives and negotiate safer sex. Two out of every three women have experienced gender-based violence in their lifetime, 15 per cent experienced sexual abuse from intimate partners and 24 per cent of women experienced violence during pregnancy. Rape of young girls accounted for 27 per cent of sexual violence cases in the country in 2012. Gender-based violence is perpetuated by social norms that promote inequalities; only one in nine women report rape cases.

7. National adolescent sexual and reproductive health policies and strategies are either outdated or do not address the vulnerabilities of young people. These include the National Population Policy (2010), the Sexual and Reproductive Health Policy (2004) and guidelines, and the Adolescent Sexual and Reproductive Health Implementation Strategy, 2010-2016. The implementation, monitoring and evaluation of these policies are inadequate due to unavailability of timely disaggregated data, inadequate data systems and lacking capacity for analysis and dissemination on SRH and rights. Secondary analysis of data at national and district levels is limited, impeding effective monitoring of the implementation of the International Conference on Population and Development (ICPD) Programme of Action. Since Botswana will conduct its first demographic health survey in 2017; to date, the main source of health-related data is the Botswana Family Health Survey 2007. Data at health facility level is often inadequately disaggregated and analysed. There is therefore a paucity of up-to-date data to inform policy and programming.

II. Past cooperation and lessons learned

8. In sexual and reproductive health, the fifth country programme achieved the following: (a) successful integration of SRH/HIV services in nine pilot sites, leading to a decision to roll-out nationally. Due to limited capacity to coordinate implementation at central level, progress has not moved beyond the nine pilot sites; technical assistance is needed for national scale-up; (b) development of guidelines, strategies and training manuals on SRH/HIV linkages, adolescent sexual and reproductive health and comprehensive condom programming; (c) development of the costed national SRH/HIV scale-up plan, used for mobilizing resources from the Global Fund; (d) increased access to condoms by distributing over 1 million male condoms and 20,000 female condoms through the CONDOMIZE campaign in 2014; (e) increased capacity to provide CSE by training 183 primary and secondary school guidance and counselling teachers; (f) revived social behaviour change communication for young people through innovative approaches.

9. The programme contributed to enhanced prevention and response to gender-based violence by (a) supporting establishment of a toll-free helpline on gender-based violence, with 2476 women receiving information and services; (b) training of 10 district councils on gender mainstreaming, resulting in development of district action plans on gender mainstreaming and gender-based violence; (c) development of the national strategy (2015-2020) towards ending gender-based violence, providing policy and programmatic guidance on effective interventions; (d) training 8 out of 12 media houses on gender-based violence, leading to improved reporting and visibility of gender-based violence in the media; (e) mobilization of 112 chiefs to promote gender equality and address gender-based violence in their communities; (f) leading the development and implementation of the two-year United

Nations Joint Programmes on Gender Mainstreaming and gender-based violence, resulting in harmonized United Nations support to gender work in Botswana; (g) supporting national reporting on regional and international commitments, including the fourth country report on the Convention on the Elimination of All Forms of Discrimination against Women; (h) supporting the first national gender-based violence study; (i) mobilizing civil society, government and other partners to advocate for inclusion of gender-based violence in Vision 2036. However, non-governmental organizations working on gender and reproductive rights are small and underfunded, with limited technical capacity to play a human rights watchdog role.

10. On population and development, the programme contributed to: (a) increased capacity of the National Statistics Office to conduct the Population and Housing Census 2011 that informed the drafting of critical national development frameworks and the first district monographs to guide planning at local level; (b) development and implementation of the Civil Registration and Vital Statistics Strategy, resulting in birth registration coverage increasing from 75.9 percent in 2011 to 83.2 percent in 2014; (c) national implementation, monitoring and reporting on the ICPD and MDG frameworks, including preparation of country status reports on the frameworks; and (d) advocacy for incorporation of the demographic dividend agenda in the new National Development Plan and Vision 2036.

11. Lessons learned from the past country programme include the need (a) for strengthened and coordinated multisectoral partnerships with State and non-State actors at all levels to address socio-economic drivers of high rates of teenage pregnancy, HIV and gender-based violence in a sustainable manner; (b) to focus on strategic partnerships that will lead to sustainable results; (c) to enhance national capacity to conduct in-depth analysis of data for better policy formulation and service delivery; and (d) to move away from provision of SRH information and services for young people through the stand-alone youth centre model, which have been proven ineffective.

III. Proposed programme

12. The proposed country programme (2017-2021) will focus on a transformative development agenda that is universal, inclusive, human rights-based, integrated and anchored in the principle of equality and leaving no one behind, while reaching the furthest left behind first. The country programme will contribute directly to the three outcomes of the United Nations Botswana Partnership Framework (2017-2021).

13. The programme proposes a shift in strategic engagement that recognizes the capacity of Botswana as an upper-middle-income country. The programme will therefore provide catalytic support to spur national scale-up, and pilot high-impact cost-effective interventions in selected districts to demonstrate effectiveness and inform policy and programming. UNFPA will provide capacity for data collection analysis and reporting to inform policies and programmes. UNFPA will expand partnerships to include young people, particularly adolescent girls, civil society and the private sector.

A. Outcome 1: Sexual and reproductive health services

14. Output 1: Improved policy standards for delivery of integrated, gender-sensitive and non-discriminatory sexual and reproductive health services at national scale. The programme will focus on (a) technical support to the Ministry of Health to scale up high-quality, inclusive, gender-sensitive integrated SRH and HIV services, including sexually transmitted infection (STI) case management; (b) advocacy for the Ministry of Health to scale up high-impact combination HIV prevention strategies, including strengthening integration of pre-exposure prophylaxis; (c) advocacy for improved service standards that are supportive to vulnerable groups, particularly young people and key populations; (d) developing the capacity of the Ministry of Health to collect, analyse and use disaggregated data; (e) strengthen the legal and policy environments to ensure access to SRH and HIV services for young people and other key populations; (f) advocacy for implementation of gender-transformative approaches for improved response to gender-based violence; (g) capacity building of civil

society organizations to effectively link key populations to high-quality integrated SRH services; and (h) provide policy options for reaching hard-to-reach communities with SRH services.

15. Output 2: Improved policy guidelines and service standards for provision of high-quality family planning services, including demand for and supply of modern contraceptives. The programme will focus on (a) catalytic support to central medical stores on logistics supply management of reproductive health commodities; (b) building capacity of the Ministry of Health and civil society organizations for effective integration of stigma reduction and responses to gender-based violence in SRH and HIV services; (c) providing technical assistance in the design of social and behaviour change communication initiatives for uptake of modern contraceptives; (d) providing technical assistance to strengthen comprehensive condom programming, especially female condoms for triple protection; (e) providing technical assistance in the design of public education initiatives to prevent gender-based violence; and (f) documentation of best practices.

16. Output 3: Strengthened policy guidelines and protocols for development and implementation of evidence-based and comprehensive maternal health services. The programme will support (a) development of a costed national plan for reduction of maternal mortality; (b) advocacy for allocation of resources and strengthening management accountability on SRH; and (c) strengthening of data ecosystems for availability of disaggregated data to guide policy and programming and monitor the ICPD agenda and the Sustainable Development Goals.

B. Outcome 2: Adolescents and youth

17. Output 1: Improved policy and programming for adolescents and young people's rights to access SRH information and services. The programme will focus on: (a) advocacy and technical advice for development, review, implementation, monitoring and scaling-up of gender-sensitive adolescent SRH-related policies and programmes; (b) convening partners and establishing strategic partnerships to advocate for increased investments on adolescent and young people SRH and rights, including strategic investments that generate employment opportunities for young people, to harness the demographic dividend; (c) developing national youth-friendly health service standards and piloting a comprehensive package of integrated services aligned to World Health Organization global standards on youth-friendly health services; (e) supporting strategic information management through data analyses and disaggregation of data to identify most-at-risk youth; (f) provide technical assistance to design state-of-the-art programmes for most-at-risk youth; (g) providing technical support to document and scale up good practices; and (h) advocacy and technical assistance for development of a national strategy to prevent teenage pregnancies

18. Output 2: Improved guidelines and standards for the design and implementation of community and school-based comprehensive sexuality education programmes that promote human rights and gender equality. The programme will focus on advocacy and technical support for: (a) the institutionalization of comprehensive sexuality education in primary and secondary school curricula; and (b) advocacy and technical support for the integration of CSE in out-of-school programmes, including youth economic empowerment initiatives.

IV. Programme management, monitoring and evaluation

19. The Government of Botswana, under the overall coordination of the Ministry of Finance and Development Planning, and UNFPA will implement, monitor and evaluate the programme, in accordance with UNFPA guidelines and procedures. This country programme document outlines the contribution of UNFPA to national priorities and targets, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountability of managers at country, regional and headquarter levels, with respect to country programmes, are prescribed in the

UNFPA programme and operations policies and procedures and the internal control framework.

20. The implementation modality will be a combination of the harmonized approach to cash transfers and UNFPA direct execution. The selection of implementing partners will be in accordance with the 2014 Harmonized Approach to Cash Transfer Framework. The country programme may be modified by mutual consent of both the Government and UNFPA, based on the recommendations of annual review meetings, evaluations and assessments.

21. The programme will be delivered through a core team of staff funded from the UNFPA institutional budget, using regular and other resources. In addition to partnerships with national stakeholders, UNFPA will rely on South-South cooperation, with technical assistance from other country offices, the regional office and headquarters.

22. UNFPA will update its partnership plan and resource mobilization strategy in compliance with its global and regional resource mobilization strategies, for engagement with government institutions, civil society, donor entities and the private sector. In this regard, the Delivering-as-One approach will be harnessed through joint programming and joint programmes.

RESULTS AND RESOURCES FRAMEWORK FOR BOTSWANA (2017-2021)

National priority: Vision 2036: Strengthening human development outcomes
National Development Plan: Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
UNDAF Outcomes: By 2023, Botswana has high-quality policies and programmes towards the achievement of Sustainable Development Goals targets and national aspirations; By 2023, Botswana fully implements policies and programmes towards the achievement of Sustainable Development Goals targets and national aspirations; By 2023, State and non-State actors at different levels use high-quality and timely data to inform planning, monitoring, evaluation, decision-making and participatory accountability processes.
Indicators: Maternal mortality ratio: *Baseline: 152 per 100 000 live births; Target: 103 per 100 000 live births*

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access Output Indicator: Maternal mortality ratio *Baseline: 152 per 100,000 live births* *Target: 103 per 100,000 live births*	Output 1: Improved policy for standardized delivery of integrated, gender sensitive and non-discriminatory sexual and reproductive health services at national scale	• Percentage of health facilities providing integrated youth friendly health services that are aligned to national standards *Baseline: 0 Target: 75* • Percentage of health facilities providing integrated gender-sensitive and non-discriminatory SRH/HIV and STIs services *Baseline: 0 Target: 80* • Number of sexual reproductive health and HIV guidelines and protocols that integrate gender-based violence *Baseline: 0, Target 4*	Ministries of Health; Basic Education; Nationality, Immigration and Gender Affairs; Botswana Family Welfare Association; Institute of Health Sciences; youth networks; civil society; World Health Organization; UNAIDS	$2.6 million ($0.6 million from regular resources and $2.0 million from other resources)
	Output 2: Improved policy guidelines and service standards for provision of quality family planning services, including demand for and supply of modern contraceptives	• Functional logistics management information systems for forecasting and monitoring reproductive health commodities with tracking and tracing capabilities *Baseline: No Target: Yes*		
	Output 3: Strengthened policy guidelines and protocols for development and implementation of evidence based and comprehensive maternal health services	• National costed action plan using standard costing tool (OneHealth tool) *Baseline: 0; Target: 1* • Ecosystem that can generate disaggregated data in place *Baseline: 0 Target: 1*		

Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health Outcome indicator: Percentage of young women and men aged 15-24 years who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconception about HIV transmission *Baseline: 47.9%; Target: 65%* Percentage of women aged 15-24 years who know at least 3 contraceptive methods *Baseline: 45%; Target: 75%*	Output 1: Improved policy and programming for adolescents and young people's rights to access SRH information and services	• Number of policies, guidelines and protocols mainstreaming ASRH *Baseline: 0; Target: 4* • Existence of functional participatory platforms that advocate for increased investments for most at risk adolescents *Baseline: No; Target: Yes* • Disaggregated information on most-at-risk adolescents available *Baseline: No; Target:* Yes	Ministries of Health; Basic Education; Nationality, Immigration and Gender Affairs; Botswana Family Welfare Association; Sentebale Foundation; Institute of Health Sciences; Statistics Botswana; youth networks; UNICEF; UNDP; UNAIDS; International Labour Organization	$1.9 million ($0.7 million from regular resources and $1.2 million from other resources)
	Output 2: Improved guidelines and standards for the design and implementation of community and school based comprehensive sexuality education programmes that promote human rights and gender equality	• Existence of national CSE curriculum for out of school *Baseline: No Target: Yes* • Existence of national primary school CSE curriculum *Baseline: No Target.: Yes* • Policy analysis framework to harness the demographic dividend in place *Baseline: No; Target: Yes*		Total for programme coordination and assistance: $0.15 million from regular resources